



**American  
Red Cross**



# CPR/AED for the Professional Rescuer Course

The Park Center is now offering a CPR course. Taught by a certified American Red Cross instructor, this course will teach you how to respond in an emergency situation and provide lifesaving care. Learn how to treat breathing and cardiac conditions in adults, children and infants and how to use an automated external defibrillator (AED). To obtain certification, successful completion of skills and written exam are required. For any questions please contact the Park Center.



## CPR Certification Course

**Day:** Saturday  
**Date:** Nov. 10, 2012  
**Time:** 10:00 a.m. - 4:00 p.m.  
**Cost:** \$50 Member/Resident  
\$60 Non-Resident



Participant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone Number \_\_\_\_\_

Does you have any physical limitations? No/Yes

If Yes, please explain \_\_\_\_\_

### LIABILITY RELEASE AND PERMISSION TO PARTICIPATE

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages, for death, personal injury, or property damage which my child may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the forgoing registration, liability release and agree to all of their terms and conditions.

Participant's or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



*Please call The Park Center for more information*  
(801) 284-4200  
202 E. Murray Park Ave.  
Murray, UT 84107  
[www.murray.utah.gov](http://www.murray.utah.gov)

Office Use Only		
Paid \$	_____	
CASH	CHECK	VISA
DISC	AMEX	MC
Date	_____	
Staff	_____	